

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	12/08/2024 17:51 (SGT)
Reported by	Owner
Date of Accident	10/08/2024 20:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE419J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JALALUDDIN TRAVEL & SERVICES PTE LTD
Company Reg No	2XXXXX599D
Email Address	faizah@jalaluddintravel.com
Mobile Phone No	(Phone) +65-91006964
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
Variant	Q2 1.5 TFSI S TRONIC
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220007847-02

DRIVER

Name of Driver	NOOR FAIZAH BINTE MUSTAFFA
NRIC No	SXXXX988E
Date Of Birth	19/04/1985
Occupation	Indoor
Driving Pass Date	13/10/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91006994
Alt. Phone Number	-
Email Address	faizah.moose@gmail.com
Address	BLK896A TAMPINES STREET 81
Address complement	-
Postcode	521896
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	HASSAN ASHARI
Gender	Male

PASSENGER 2

Name	FYRRA JALYLAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10TH AUGUST 2024 AT AROUND 8.20PM, I WAS DRIVING INTO EAST COAST PARK. AS I WAS DRIVING OUT OF THE SLIP ROAD VERY SLOWLY, I FELT A BANG ON THE RIGHT SIDE OF THE CAR. A MOTORCYCLIST HAVE HIT ME ON MY RIGHT CAR. THE IMPACT WAS PRETTY HARD THAT THE COVER TO MY RIGHT HEADLIGHT BROKE AND SHATTERED WHILE THE MUD GUARD IN THE RIGHT GOT DENTED AND DISLODGED

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBH8813C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:


- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

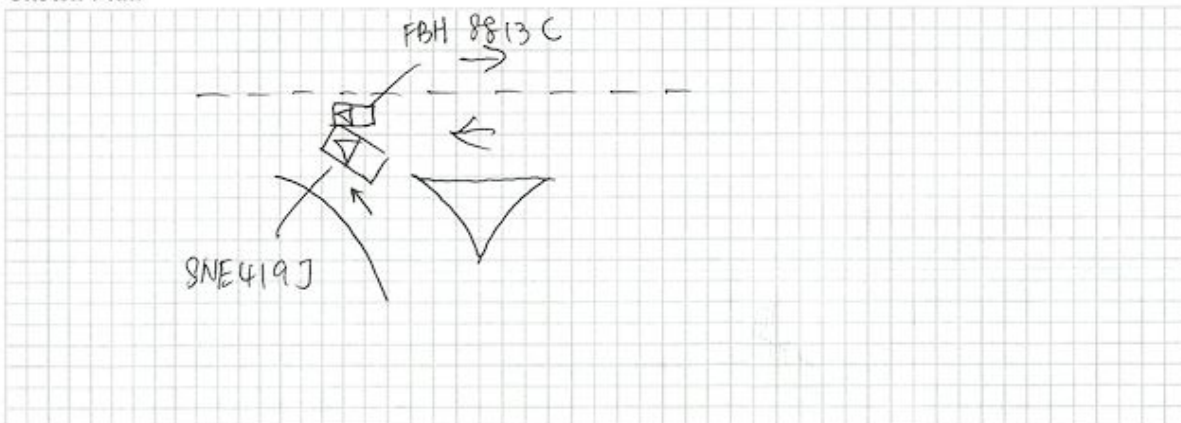
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


12 AUG 2024 5PM
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident


On 10th Aug 2024 at around 8:20pm, I was driving into East Coast Park.

As I was driving out of the slip road, very slowly, I ~~heard~~^{bang} felt a bang on my right side of the car. A motorcyclist have hit me on my right car on its right. The impact was pretty hard that the cover to my right head light broke and shattered while the mud guard on the right got dented and dislodged.

Declaration

We declare the following particulars are true in every respect.


 Policyholder's Signature & Date & Time


 Driver's Signature (if driver is not the policyholder) / Date & Time
 12 AUG 2024 5 PM


 Witnessed by Reporting Centre Personnel



































































